



## **Guardian/Conservator Referral Form**

### **Instructions:**

- Please fill out this Referral Form to the best of your knowledge and with as much detail as possible.
- In addition to this Referral Form, The Public Fiduciary Intake Unit will also need a completed Report of Physician.
- Both Forms are available at [https://webcms.pima.gov/government/public\\_fiduciary/](https://webcms.pima.gov/government/public_fiduciary/) .
- Please make sure that the Report of Physician is legible and filled out with clear and convincing information regarding specific issues that the physician believes appropriate.

The completed Referral Form and Report of Physician may be returned by email to [GCD.Referrals@pima.gov](mailto:GCD.Referrals@pima.gov) , by faxed (520) 624-7190 or postal mail.

The Report of Physician with Original Signature, must be postal mailed to the, Pima County Public Fiduciary-Intake Unit 32 N. Stone Ave 4th Floor Tucson, AZ 85701.

If you have any questions please call 724-5454 and ask for the intake unit.

### **Alleged person in need of protection:**

Full name & aliases:

DOB:

SSN:

Current address and level of care:

Previous address(es) and location(s):

Income source(s) and amount:

Location and account numbers of any bank accounts:

Current representative payee:

List family, friends, service providers and interested parties. Also provide their relationship to the person & contact info:

Current Power of Attorney & contact information:

Medical insurance company and policy number(s). Please include copy of insurance cards when possible:

If on ALTCS: ID#, case manager name and contact information:

If not on ALTCS, has an application been initiated? If so, by whom & on what date?

Current Primary Care Physician (PCP) & contact information:

Medical history and current diagnosis: Please include current medical records when possible.

Receiving Division of Developmental Disabilities services? If so, support coordinator name and contact information and day program or school information:

Why is this person in need of Public Fiduciary services?

**Person completing referral form:**

Name:

Date:

Phone number & e-mail:

What initiated your involvement?